

ASS. REC. BY:

REF: CS/FCI18009099/TI/d302

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

18/5/18 @ 4.25pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLA 1741R

Insured:

SHA 5120D

at Workshop m/s

TC Autofclinic

Tel:

9645 0023

of

No 1 Sixth Luk yang Rd

Policy No:

Claim No:

D18003847MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

11/5/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

22052018 C 10am - 12pm

H.D. Endorsement:

Date/Time:

5.15pm @ 18/5/18

Person Contacted:

shawn

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate	
	SLA 1741R - CC3/AIG18008863/KIJA3	DOA: 11/5/18
	SHA 5120D - CC3/AIG18008863/KIJA3	DOA: 11/5/18
25/10 @ 3:36pm	liability unclear. not sent in for repair	
	Submit preli report	

Bureau: Tampan

REF: FCI

ASSIGNMENT

From: _____ Date: 22/05/2018

Estimated Cost: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLA 1741R
at Workshop m/s TC Autoclinic
of No. 1 Sixth Lok yang Rd

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

10am-12pm

Make of Veh: Shawn

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Shawn

Veh No: SLA 1741R Yr Regn: 2016 Feb

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Qashqai c.c. 1197

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 41513 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEA31141572405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R17

R: ~ ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Continental

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 22/5/18

Survey held at TC Autoclinic N

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 20 OCT 2018

Date/Time, File Pass to?

☒ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) S + RS _____

) Photos _____

) Others _____

TOTAL

160

50

26

236

MOTOR SURVEY ASSIGNMENT

Date	14-05-2018	Our Ref No. D18003847MFSH
Accident Date	11-05-2018	Claim Type. Third Party
Insured Vehicle	SHA5120D	Third Party Vehicle. SLA1741R
Survey Location	NO. 1 SIXTH LOK YANG ROAD	
Contact Person.	SHAWN CHUA	
Contact No.	67038515/ 96450023	Fax No. 64795019
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TC AUTOCLINIC PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/240447)



PRI Documents



Close



PRI Header Details

Claim No	D18003847MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & TC AUTOCL
Workshop Name	TC AUTOCLINIC PTE LTD (Contact Person : SHAWN CHUA)	Survey Location & Contact Details	NO. 1 SIXTH LOK YANG ROAD Mobile: 96450023 , Phone: 67038515 , Fax: 64795019 EmailId: SHAWNCHUA@TANCHONG.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA5120D	TP Vehicle No	SLA1741R
PRI Recieved Date	17-05-2018 03:02:49 PM	Surveyor Appointed Date	18-05-2018 04:24:36 PM	Surveyor Accept Date	18-05-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	18-05-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Denise Tay (LKKAuto)

From: Shawn Chua <shawnychua@tanchong.com>
Sent: Thursday, 25 October 2018 3:36 PM
To: Denise Tay (LKKAuto)
Subject: RE: SLA 1741R / FIRST CAPITAL / DOA: 11/5/2018

MS First Capital Ref: **D18003847MFSH**
Our Ref: **SLA1741R**

Good afternoon.

MS First Capital still maintain "liability unclear".

Have already spoken to the claimant with regards to the liability. He did not mentioned whether will he be pursuing or withdrawing the claim.

Regards,

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 25 October, 2018 3:27 PM
To: Shawn Chua <shawnychua@tanchong.com>
Subject: SLA 1741R / FIRST CAPITAL / DOA: 11/5/2018

Dear Shawn,

Please check if this case has been repair or still claiming?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/05/2018 15:55
Date Of Accident	11/05/2018 00:40
Exact Location Of Accident	UPPER CROSS ST TOWARDS HAVELOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1741R
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LIM YU NAM, RUDY (LIN YAONAN, RUDY)
NRIC No	S7936172J
Email Address	MAILRUDY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93889454
Alternative Phone No	OTHERS-93889454

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100502830-01
Cover Note Number	27/02/2018 - 26/02/2019

Driver

Name of Driver	LIM YU NAM, RUDY (LIN YAONAN, RUDY)
NRIC No	S7936172J
Date Of Birth	12/11/1979
Occupation	INDOOR
Date Of Driving Pass	04/06/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-93889454
Fax Number	
Contact Number	OTHERS-93889454
EMail Address	MAILRUDY@GMAIL.COM

Address	BLK 618A PUNGGOL DR #04-705
Postcode	S821618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

1 driver & 1 passenger. Refer to attached sketch plan.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5120D
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

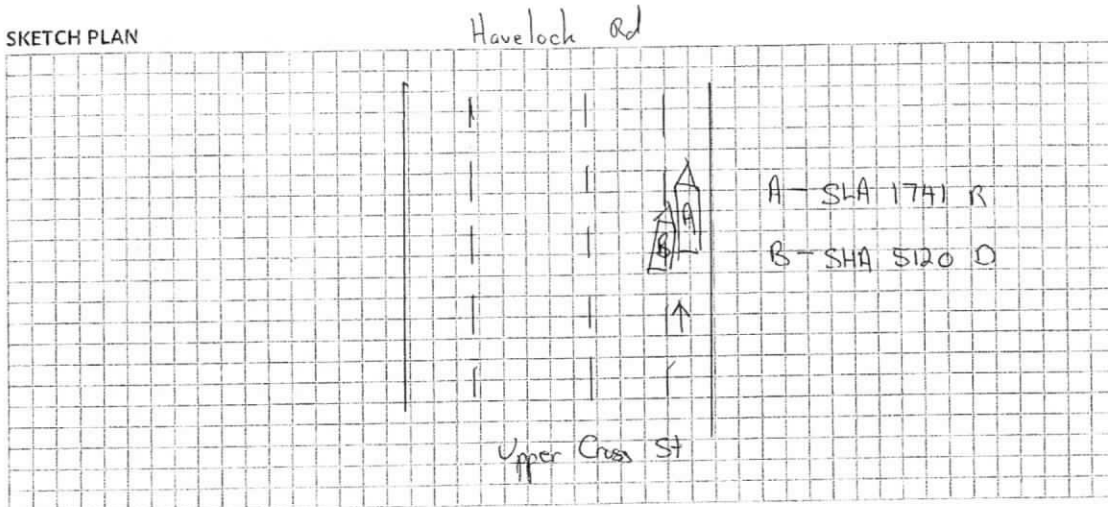

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling on upper cross street towards Havelock Road at slow speed. Felt a sudden impact on the left side of the vehicle. Noting that the other driver was aggressively cutting into my lane without thus causing the damage, I have to stop the car to inspect the damage. The driver did not offer to cooperate to provide particulars.

At the point of impact, my vehicle is on the right most lane with no where else to go avoid.

The driver should exercise road ethics and consideration for others. His aggression and negligence has caused unnecessary money, time and emotional lost to others which he should take responsibility for.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel Signature
Name:
NRIC/FIN No.:



straight
Driving on the rightmost lane,
~~5 reserve~~ vehicle with the right
of way, by law reserves the
rights to maintain his/her lane.
Since the said taxi driver would
want to use that lane, he
could have queue like every
body else. Otherwise, if taxi
would like to cut to the front,
he ought to wait for an
opening. Forcing his way into
~~and~~ the line of of another
vehicle is bullying, hitting the
vehicle in the event is
vandalism and is punishable.

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 107/IC/TCAC/CCR/2018
DATE : 11-MAY-2018

MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
S(068877)
TEL : 65073848
FAX :
ATTN:MOTOR CLAIM DEPT

OWNER'S NAME : MR LIM YU NAM RUDY (LIN YAONAN RUDY)
ADDRESS : BLK 618A PUNGGOL DRIVE
#04-705
S(821618)
TELEPHONE NO : 93889454

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100502830-01
VEHICLE NO : SLA1741R
MODEL CODE : FRLARBZJ11UEA--A--
MODEL/YEAR : NISSAN QASHQAI 1.2
ENGINE NO : HRA2231094A
CHASSIS NO : SJNFEAJ11U1572405
MILEAGE : 40874 KM
DATE IN : 11/05/2018
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 14/05/2018

Tanpin 97495749
WP

22/5/18 @ 1145

Resurvey after repair

4 days

Sum @ Wkento.com


21/5/18

**LKK Auto Consultants hence notify
the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLA1741R

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	360.00	200
2	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	300.00	X
3	ZZ/001	RENEW HOOD, FRONT BUMPER, LEFT HEADLAMP, FRONT LEFT FENDER, TRIM, FRONT LEFT DOOR, HANDLE ETC. PANELS & 390	1950.00	780
4	ZZ/002	REPAIR		
5	ZZ/003	TRANSFER FRONT LEFT DOOR COMPONENTS TO FACILITATE REPAIR	120.00	X
6	ZZ/004	RESRPAY HOOD, FRONT BUMPER, FRONT LEFT FENDER, FRONT LEFT DOOR, HANDLE ETC 250	1500.00	875
7	ZZ/005	QC, RETUNE & CONSULT CHECK		
8	ZZ/006	WASH & VACUUM, POLISH & WAX, SHINE ALL TYRES	120.00	X
TOTAL LABOUR CHARGES			4350.00	

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLA1741R

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
			NETT	LIST	S/NETT REMARKS
1	DOOR LOWER MOULDING	80871-4EA0A	323.60	?	
2	DOOR HANDLE	80640-4EA3A	165.20	Ry	
3	DOOR TOP MOULDING	80283-4EA1A	100.70	X nn	
4	DOOR CENTRE MOULDING	80821-4EA0A	188.90	X nn	
5	B-PILLAR TAPE	80812-4EA0A	29.90	X nn	
6	FRONT LEFT DOOR	H0101-HVOMA	1104.80	Ry	
7	HOOD ROD GROMMET	65773-5FA0A	2.50	X nn	
8	HOOD SEAL	65810-4EA0A	59.30	X nn	
9	HOOD FRONT SEAL	65820-4EA0A	89.00	X nn	
10	HOOD	F5100-4EAAA	961.40	Ry	
11	FENDER TRIM	63811-4EA0A	483.00	cut	
12	FRONT LEFT FENDER	F3101-4EAMB	622.70	Ry	
13	LEFT BUMPER RBACKET	62223-4EA0A	20.90	X nn	
14	FRONT BUMPER	62022-4EA0H	614.60	X nn	
15	LEFT HEADLAMP	26060-4EA0A	559.00	X nn	
SUB TOTAL			5325.50	0.00	0.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			1065.10	0.00	0.00
GRAND TOTAL			4260.40	0.00	0.00
OVERALL TOTAL			4260.40		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLA1741R

TOTAL LABOUR CHARGES 4350.00
TOTAL SPARE PARTS CHARGES 4260.40

GRAND TOTAL 8610.40 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME :
SURVEYED DATE :
AUTHORIZED DATE :
EXCESS CLAUSE : 0.00
LIABILITY : 0.00
REMARKS :

PLS NOTE : This estimate is based on visual inspection of the
 affected vehicle. Should we require further labour
 charges & spare parts in the process of repairs, we
 shall inform you accordingly.




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18009099/T1td3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 28-11-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 5120D	Veh. Inspected	SLA 1741R	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18003847MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	18/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SJNFEAJ11U1572405	Colour	BLACK	
Odometer	41513	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	CONTINENTAL	6 mm	
L/H Front Tyre	215/60 R17	CONTINENTAL	6 mm	
R/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm	
L/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/05/2018	Inspection Date	22/05/2018	
Survey held at	TC AUTOCLINIC PTE LTD 1 SIXTH LOK YANG ROAD SINGAPORE 628099			
5a. Remarks				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 1741R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	DOOR LOWER MOULDING (N)	* CHECK	323.60	-
1	DOOR HANDLE (N)	TO REPAIR SEE LABOUR	165.20	-
1	DOOR TOP MOULDING (N)	NOT NECESSARY	100.70	-
1	DOOR CENTRE MOULDING (N)	NOT NECESSARY	188.90	-
1	B-PILLAR TAPE (N)	NOT NECESSARY	29.90	-
1	FRONT LEFT DOOR (N)	TO REPAIR SEE LABOUR	1,104.80	-
1	HOOD ROD GROMMET (N)	NOT NECESSARY	2.50	-
1	HOOD SEAL (N)	NOT NECESSARY	59.30	-
1	HOOD FRONT SEAL (N)	NOT NECESSARY	89.00	-
1	HOOD (N)	TO REPAIR SEE LABOUR	961.40	-
1	FENDER TRIM (N)	CUT	483.00	483.00
1	FRONT LEFT FENDER (N)	TO REPAIR SEE LABOUR	622.70	-
1	LEFT BUMPER BRACKET (N)	NOT NECESSARY	20.90	-
1	FRONT BUMPER (N)	NOT NECESSARY	614.60	-
1	LEFT HEADLAMP (N)	NOT NECESSARY	559.00	-
	LESS 20% DISCOUNT		-1,065.10	-96.60
			4,260.40	386.40
LABOUR				
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.		360.00	200.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA.	NOT NECESSARY	300.00	-
	RENEW HOOD, FRONT BUMPER, LEFT HEADLAMP, FRONT LEFT FENDER, TRIM, FRONT LEFT DOOR, HANDLE ETC. PANELS & REPAIR. INCLUSIVE OF THE REPAIR OF DOOR HANDLE, FRONT LEFT DOOR, HOOD AND FRONT LEFT FENDER.		1,950.00	780.00
	TRANSFER FRONT LEFT DOOR COMPONENTS TO FACILITATE REPAIR.	NOT NECESSARY	120.00	-
	RESPRAY HOOD, FRONT BUMPER, FRONT LEFT FENDER, FRONT LEFT DOOR, HANDLE ETC.		1,500.00	875.00

Report Ref No. CS/FCI18009099/T1td3e2



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WASH & VACUUM, POLISH & WAX, SHINE ALL TYRES.	NOT NECESSARY	120.00	-
			4,350.00	1,855.00
GRAND TOTAL			8,610.40	2,241.40
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$258.88 NETT)				2,241.40

Report Ref No. CS/FCI18009099/T1td3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.